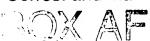


### Corres. and Mail



# MS AF REPLY UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE

**EXAMINING GROUP 1647** 

PATENT 2121-0140P

### IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:

Judith MELKI et al.

Conf.:

3158

Appl. No.:

09/109,082

Group:

1647

Filed:

July 2, 1998

Examiner: R. HAYES

For:

SPINAL MUSCULAR ATROPHY DIAGNOSTIC

METHODS

## LARGE ENTITY TRANSMITTAL FORM FOR REPLY AFTER FINAL UNDER 37 C.F.R. § 1.116

#### MS AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

January 31, 2005

### Sir:

Transmitted herewith is an amendment in the above-identified application.

- The enclosed document is being transmitted via the Certificate of Mailing provisions of 37 C.F.R. § 1.8.
- The enclosed document is being transmitted via facsimile.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	20	-	39	=	0	\$50	\$0.00
INDEPENDENT	6	-	16	=	0	\$200	\$0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM							\$0.00
						TOTAL	\$0.00

AT

Appl. No. 09/109,082

	37 C.F.R. §§ 1.17 and 1.	onth(s) extension of time pursuant to 136(a). \$2,050.00 for the extension of month extension of time was previously 2004.			
	No fee is required.				
$\boxtimes$	Check(s) in the amount of	of \$2,050.00 is(are) enclosed.			
	Please charge Deposit Account No. 02-2448 in the amount of \$0.00. This form is submitted in triplicate.				
over requi	urrent, and future repli payment to Deposit Accour	essioner is hereby authorized in this, les, to charge payment or credit any nt No. 02-2448 for any additional fees 16 or 1.17; particularly, extension of			
		Respectfully submitted,			
		BIRCH, STEWART, KOLASCH & BIRCH, LLP			
		By MaryAnne Armstrong, #40,069			
MAA/; 2121-	jmb -0140P	P.O. Box 747 Falls Church, VA 22040-0747 (703) 205-8000			
Δtta	chment(s)				